

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Do not use this space.

1. PLACE OF DEATH

County Newton
Township Granby
City _____

Registration District No. 474
Primary Registration District No. 5-816

File No.....
Registered No.....
St. Ward

2. FULL NAME.....Helen Grace Haase

(a) Residence, No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred			How long in U. S., if of foreign birth?		
yrs.	mos.	ds.	yrs.	mos.	ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
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5A. IF MARRIED, ~~WIDOWED~~, OR DIVORCED
HUSBAND OF
(OR) WIFE OF An

Andrew Haase

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 25.1911**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	30	6	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN).....Missouri
(STATE OR COUNTRY)

ER	13 NAME	Tom Floyd
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14. BIRTHPLACE (CITY OR TOWN).....Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME	Alice Crawford
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16. BIRTHPLACE (CITY OR TOWN).....Tennessee
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Tom Floyd
Neosho Mo Rt 3

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Maness Cemetery DATE Dec 14th, 31

19. UNDERTAKER.....
(ADDRESS).....

20. FILED 12-14- 1937 W. Palmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13th. 1931

22. I HEREBY CERTIFY, That I attended deceased from
 19..... to 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at.....m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Probably Cerebral Hemorrhage
82A No Violence

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify (Signed) James H. Tutman Contractor, M.D.
(Address) Franky 900

